

RHYMNEY AND SIRHOWY VALLEYS
HOSPITAL MANAGEMENT COMMITTEE



First
Annual Report
FOR THE
Year ended July 4th, 1949

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CAERPHILLY
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CENTRAL OFFICES
CAERPHILLY DISTRICT
MINERS' HOSPITAL,
CAERPHILLY, GLAM.

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1949

First Annual Report

INTRODUCTION.

The Minister of Health has expressed the view that there would be advantages in publishing annual reports provided that these were not large and expensive in format.

The first meeting of the Rhymney and Sirhowy Valleys Hospital Management Committee was held on June 3rd, 1948, and the time has now arrived therefore for the presentation of an Annual Report for the twelve months ended July 4th, 1949.

ADMINISTRATION.

The administration of the Hospital and Specialist Service is two-tier (Regional Hospital Boards and Hospital Management Committees) with overall the Minister of Health, who is directly responsible to Parliament.

Statutory bodies appointed in accordance with the National Health Service Act, 1946, the Regional Boards plan and develop the services in their regions, while in turn the Management Committees control and manage the hospitals and clinics in their groups.

The Rhymney and Sirhowy Valleys Hospital Management Committee manages the hospitals and clinics in the valleys from which it takes its name and caters for a population of some 165,000 spread over the whole or part of several urban districts, some of which are in the County of Glamorgan and others in Monmouth.

Anticipating the volume of work to be done, particularly in the early stages of its life, the Management Committee divided itself into Sub-Committees, one to deal with financial matters, another with staffing problems, and a third with points of principle. They are the Finance, Establishments, and General Purposes Sub-Committees respectively, which have executive powers subject to formal confirmation by the Management Committee.

In order to maintain and encourage local interest and goodwill—so valuable a feature of the pre-July 5th, 1948, hospital service—the Minister considered it desirable to set up House



Sub-Committees. There are four such Sub-Committees in this Group, viz.:

Caerphilly and District.
Aberbargoed and District.
Rhymney and District.
Tredegar and Oakdale.

The Minister also attached importance to the establishment of staff advisory committees to advise the Management Committee on their respective spheres of hospital work. In this area there are a Medical Staff Advisory Committee and a Nursing Staff Advisory Committee.

HEADQUARTERS.

In setting up the new Service, the Minister contemplated that Management Committees would establish their offices in accommodation that became available to them on the transfer of their hospitals, and in this Group the Committee has based itself on the Caerphilly District Miners' Hospital.

TRANSITIONAL PERIOD.

The Hospital Management Committees in the Welsh Region were appointed by the Board in May, 1948.

They held their first meetings at the end of that month or early in June.

As the appointed day for the transfer of ownership of the hospitals was to be July 5th, 1948, there was no time left to Committees to appoint their chief officers and set up their own organisations ready to take over by that date.

Consequently the Hospital Board invited local authorities to continue to service their hospitals on an "agency" basis and also invited the chief administrative officers of the voluntary hospitals to continue carrying on their respective duties.

In this way, not only were Management Committees given breathing space to set up their own organisations, but a smooth transition from the old to the new systems was facilitated.

The Management Committee in this area takes this opportunity of thanking the members and officers of the Monmouthshire County Council and the Caerphilly, Gelligaer, Bedwellty and Tredegar Urban District Councils for the ready way in which they responded to this invitation, for the able manner in which it was carried out, and for their helpful co-operation over the past year.

Opportunity is also taken of thanking the chief administrative officers of the voluntary hospitals for their devotion to the duty of carrying on an unimpaired service for the patients in their hospitals.

GROUP HOSPITAL AND SPECIALIST SERVICE.

(a)—General Hospitals.

One of the first tasks the Management Committee was required to undertake by the Welsh Regional Hospital Board was to review the waiting lists for beds in its hospitals and to consider in relation to these the possibility of re-allocating both the functions of and beds in some of the hospitals in order to bring about their maximum use.

An inquiry was made therefore as to the beds available and occupied, staff shortages (if any), and waiting lists.

It was found that there were beds lying idle in some hospitals mainly owing to lack of a suitable type of case; yet at Caerphilly Miners' Hospital there was a long waiting list for in-patient treatment, and it was known that many patients were being sent from the group to hospitals in Hereford, Bristol, Newport and Cardiff.

For example, the average bed occupancy of the Powell Duffryn Workmen's Hospital (Aberbargoed), for the nine months ended March 31st, 1949, was 17, yet the number of available beds is 36.

Again at Oakdale Workmen's Hospital the beds occupied were 9, as against beds available 16.

And at Abertysswg there was an average occupancy of 3, with beds available 12.

Acting on a suggestion made to all Management Committees by the Welsh Regional Hospital Board, the Committee asked its Medical Staff Advisory Committee to formulate proposals which would bring into full use these idle beds and help to reduce the waiting lists.

The Management Committee wishes to record its appreciation of the excellent work put in by the Medical Staff Advisory Committee (under the Chairmanship of Dr. W. Bowen Owen) in this matter.

The proposals ultimately forwarded by the Management Committee to the Welsh Regional Hospital Board, and now awaiting approval, briefly envisage:

- (i) using the Caerphilly Miners' Hospital and the Tredegar Park Cottage Hospital as the MAIN HOSPITALS where the bulk of the work requiring the attendance of specialists in the well recognised branches of medicine and surgery would be carried out;
- (ii) using the remaining smaller hospitals as SPECIAL DEPARTMENTS or ADJUNCTS of the two Main Hospitals in order to obtain a quicker turnover of beds at the latter and use the working time of the Visiting Specialists to the maximum capacity.

The proposed functions of each hospital, and the detailed bed allocations, are set out in the following table:

CAERPHILLY MINERS'					No. of Beds (* denotes out- patient dept.).
	General Medicine	General Surgery	Obstetrics and Gynaecology	Paediatrics	
General Medicine	32*
General Surgery	61*
(a) Obstetrics and Gynaecology	—*
Paediatrics	—*
Dermatology	2*
E.N.T.	20*
Neurology	—*
Ophthalmology	6*
Traumatic and Orthopaedic Surgery	35*
					—
					156
Maternity (Unit in process of adaptation)					14
					—
					170
					—

(a) Emergencies will be done at Caerphilly, general surgical beds being used when required.

TREDEGAR PARK COTTAGE

General Medicine	....	....	....	....	—*
General Surgery	....	....	....	....	50*
Obstetrics and Gynaecology	....	....	....	....	—*
(b) E.N.T.	....	....	....	....	—
Ophthalmology	....	....	....	....	—*
Traumatic and Orthopaedic Surgery	....	....	....	....	5*
					—
					55
					—

(b) Out-patient department for northern half of group to be located at Ebbw Vale.

POWELL DUFFRYN WORKMEN'S

General Surgery (list)	....	....	....	....	28
Spine	....	....	....	....	6
Accidents	....	....	....	....	2
					—
					36
					—

			No. of Beds
			(* denotes out-patient dept.).
OAKDALE WORKMEN'S			
	Gynaecology (list)		16
(c)	Colliery Accidents and Emergencies		-
	Minor Casualties		-*
			—
			16
			—
(c)	Temporary beds to be set up while patients await transfer to Caerphilly or Tredegar.		

REDWOOD MEMORIAL

General Surgery	....	....	....	17
Minor Casualties	....	....	....	-*
				—
				17
				—

ABERTYSSWG WORKMEN'S

Convalescent Surgical and Local Cases requiring hospital medical and nursing care	....	....	....	12
Minor Casualties	....	....	....	-*
(d) Colliery Accidents	....	....	....	-
				—
				12
				—

(d) Temporary beds to be set up while patients await transfer to Caerphilly and Tredegar.

It will be seen that there are changes to be made in the functions of the four smaller general hospitals; the benefits to be gained are explained below:

The POWELL DUFFRYN WORKMEN'S HOSPITAL (Aberbargoed) is to be used for "list" surgical cases, i.e., cases referred for operation from the Consultant Out-patient Departments at Tredegar and Caerphilly; it will continue also to accommodate the spinal cases now nursed there. THE MANAGEMENT COMMITTEE HAS RECORDED ITS CONSIDERED VIEW HOWEVER THAT THERE IS A NEED IN SOUTH WALES FOR A SPINAL CASE CENTRE WITH REHABILITATION, EDUCATIVE AND RECREATIVE FACILITIES.

The OAKDALE WORKMEN'S HOSPITAL caters for general surgical cases (male and female) from the immediate surrounding districts. A visiting surgeon attends once a week from Newport.

Here the change is made because it is more economical and efficient to concentrate the work now done at Oakdale at the acute general hospitals at Tredegar and Caerphilly where special departments are available and to use the small unit in order to help meet the marked demand for gynaecological beds in the Group.

At present the REDWOOD MEMORIAL HOSPITAL, Rhymney, caters for general surgical cases, accidents and emergencies. Acute work is done at Cardiff or Newport. The only differences will be that the acute work will be done in, and that accidents and emergencies will be sent to, Caerphilly and Tredegar.

As to emergencies, whilst it is admitted that they will have to be conveyed a longer distance, it must also be remembered that they will be treated initially at a hospital where complete surgical and radiological facilities will be available. At present very serious cases are examined at Rhymney and then conveyed to Cardiff or Newport.

By taking some of the overflow from Tredegar, Rhymney should play its full part in the group service.

ABERTYSSWG WORKMEN'S HOSPITAL is to be used for post-operative cases requiring prolonged hospital convalescence and also those requiring medical and nursing attention not capable of being given in the home. It has been used when required for acute general surgical work, one of the Cardiff surgeons visiting for the purpose.

The basis of the group plan is to concentrate the acute general surgical work at two hospitals, viz., Tredegar and Caerphilly. The reason for this is that the equipment and services of the special departments (radiology, pathology, etc.) will be available in these hospitals. In addition, and equally important if their cases are concentrated at two centres rather than spread-eagled over the Group, the working hours of the surgeons can be increased at the expense of their travelling time.

(b) Special Hospitals.

The special hospitals in the Group are the:—

County Infirmary, Tredegar

(a "mixed" hospital with predominant user on the side of the Management Committee)

.... Chronic sick and maternity.

Gelligaer and Energlyn
Isolation Hospitals Tuberculosis and Fevers.

Bedwellty and Ashvale
(Tredegar) Isolation
Hospitals Fevers.

The proposal in respect of the COUNTY INFIRMARY, TREDEGAR, envisages re-arranging existing accommodation in order to provide a Medical Unit, a Maternity Unit and a Chronic Sick Block, with pathological, radiological and physiotherapy services.

For the Fever Hospitals, the proposals suggest that:—

- (i) for the time being ASHVALE (14 beds and 6 cots) and BEDWELLTY (26 beds) Isolation Hospitals continue to function as Fever Hospitals;
- (ii) at GELLIGAER ISOLATION HOSPITAL the 30 beds earmarked for female pulmonary tuberculosis be continued to be used for that purpose;
- (iii) at ENERGLYN (CAERPHILLY) the two wards continue as a tuberculosis unit of some 36 beds for female pulmonary tuberculosis, and that certain structural alterations be carried out which will provide a further six beds and X-ray accommodation;
- (iv) the cubicle block at GELLIGAER ISOLATION HOSPITAL be reserved for fevers now taken in at that Hospital and Energlyn Isolation Hospital;
- (v) the cubicle block (20 beds) at ENERGLYN ISOLATION HOSPITAL be used as follows:—

10 beds for sick children in the Group (i.e., children **not** requiring paediatric or other special treatment) and

10 beds as transfer beds for children from the Group who have been admitted to the United Cardiff Hospitals, Church Village, or other General Hospitals; these children would have passed the acute phase of illness and would have been fully investigated, but they would still require medical and nursing attention before being regarded as fit for discharge to their homes.

The Management Committee has also asked for the Board's views as to the minimum accommodation which the Committee should keep available for fevers if it has to continue to serve neighbouring (as well as its own) areas. Subject to the Board's reply, the question of using to better advantage the beds at Ashvale and Bedwellty (on average only one quarter of the beds available at these two hospitals are being used) would need consideration. A reply is awaited from the Board on this specific point.

This is the short-term plan of the Management Committee for developing to maximum capacity the existing hospital and specialist services in the Group.

Moving the second reading of the National Health Service Bill (now the Act of 1946) in the House of Commons on April 30th, 1946, the Minister of Health said :

“Every investigation which has been made into this problem has established that the proper hospital unit has to comprise about 1,000 beds—not in the same building, but, nevertheless, the general and specialist hospital services can be provided only in a group of that size. This means that a number of hospitals have to be pooled, linked together, in order to provide a unit of that sort. This cannot be done effectively if each hospital is a separate autonomous body. It is proposed that each of these groups should have a large general hospital, providing general hospital facilities and services, and that there should be a group round it of small feeder hospitals. Many of the cottage hospitals strive to give services that they are not able to give. It very often happens that a cottage hospital harbours ambitions to the hurt of the patients, because they strive to reach a status that they never can reach. In these circumstances, the welfare of the patients is sacrificed to the vaulting ambitions of those in charge of the hospital. If, therefore, these voluntary hospitals are to be grouped in this way, it is necessary that they should submit themselves to proper organisation, and that submission, in our experience, is impracticable if the hospitals, all of them, remain under separate management.”

He also said :—

“ our hospital organisation has grown up with no plan, with no system; it is unevenly distributed over the country and, indeed, it is one of the tragedies of the situation that very often the best hospital facilities are available where they are least needed. In the older industrial districts of Great Britain hospital facilities are inadequate. Many of the hospitals are too small—very much too small. About 70 per cent. have less than 100 beds, and over 30 per cent. have less than 30. No one can possibly pretend that hospitals so small can provide general hospital treatment. There is a tendency in some quarters to defend the very small hospital on the ground of its localism and intimacy, and for other rather imponderable reasons of that sort, but everybody knows today that if a hospital is to be efficient it must provide a number of specialised services. Although I am not myself a devotee of bigness for bigness sake, I would

rather be kept alive in the efficient if cold altruism of a large hospital than expire in a gush of warm sympathy in a small one."

GROUP NURSE TRAINING.

Not without significance in this group service is the fact that it should lead to the development of complete general training facilities within the Committee's own area. These facilities can be provided if the hospitals in the Group are regarded as one large hospital unit for nurse training purposes. This will mean that young girls in these Valleys can become State Registered Nurses without having to go to Cardiff, Newport, Bristol or elsewhere.

Here the Nursing Staff Advisory Committee (representative of all grades of nursing) is working out details of a scheme for submission to the Management Committee.

CENTRAL ADMISSIONS BUREAU.

Linked up with the development of a group service too is the establishment of a Central Admissions Bureau. Experienced staff and efficient communications between the general practitioners, the hospitals and the Bureau will need to be secured and tested before this proposal is put into practice.

STAFFING.

Having adopted a group plan for the development of existing facilities in the area, the Management Committee next turned its attention to staffing at the hospitals.

In this matter the Committee had to bear in mind that the Welsh Regional Hospital Board had asked that the agency arrangements for the day-to-day running of the hospitals by the local authorities should be terminated by March 31st, 1949.

This target was scored, as will be seen from the following time-table:—

	1949.
February 28.	Finance agency arrangements taken over from local authorities and chief administrative officers of ex-voluntary hospitals.
March 31.	Supplies agency arrangements taken over.

Since April 1st, 1949, therefore, the finance supplies and general services are being carried on from the Committee's Central Offices at Caerphilly. These services are maintained at hospital level through—

(i) two Assistant Secretaries, viz.,

Mr. John Roach, M.B.E., F.H.A., for the lower half of the Group (Caerphilly to Aberbargoed);

Mr. Wm. Davies for the upper half of the Group (Abertysswg to Tredegar, excluding the County Infirmary, Tredegar);

(ii) the Master of the County Infirmary, Tredegar (Mr. T. G. Banton);

(iii) the Matrons themselves.

This method of staffing is in line with the group plan for at the top end of the area there is an Assistant Secretary based on the Tredegar Park Cottage Hospital (one of the two main Area Hospitals) and at the lower end an Assistant Secretary based on the Caerphilly Miners' Hospital (the other Area Hospital).

MAINTENANCE EXPENDITURE—STATUTORY PROCEDURE.

The main financial provisions of the National Health Service Act, 1946, affecting the hospital service, are contained in Sections 54 and 55 and Statutory Instrument No. 1414.

For day-to-day maintenance of the hospitals, Management Committees are financed by Regional Hospital Boards whose expenditure (including that of the Committees) is defrayed by the Exchequer subject to its having received the approval of the Minister of Health.

Approval of expenditure falls into three stages, viz.,

(a) approval of estimates made in the August preceding the year commencing on the following first day of April;

(b) revision of those estimates in the light of actual experience gained during the first six months of the financial year, and submission of supplementary estimates where necessary;

(c) final approval of actual expenditure after audit.

MAINTENANCE ESTIMATE AND EXPENDITURE

(Period July 5th, 1948, to March 31st, 1949).

The Ministry of Health framed the original estimate for this first period on the basis of returns of past expenditure obtained by the Ministry from all pre-July 5th hospital authorities.

In order that the original estimates could be reviewed, Management Committees were asked in November, 1948, to submit estimates of expenditure for the nine months to March 31st, 1949, based on experience gained during the first three months' actual working of the new Service (July 5th to October 31st, 1948).

This was done; the final accounts for this period are now in course of preparation.

MAINTENANCE ESTIMATE (Period April 1st, 1949, to March 31st, 1950).

Management Committees were asked in August, 1948, to submit estimates for the financial year commencing April 1st, 1949.

These estimates were finally approved and published by the Ministry of Health on March 31st, 1949, but in doing so, the Ministry decided, as a matter of policy, that the cost of the National Health Service as a whole must be reduced; consequently cuts were imposed on expenditure on the hospital services.

It might be advantageous at this point to quote from the Seventh Report of the Select Committee on the Estimates for the National Health Service (H.M.S.O. publication):—

“These cuts, on an average, amounted to 8 per cent. of the estimates submitted in the case of the teaching hospitals in England and Wales and 5 per cent. in the case of the non-teaching hospitals, but the percentages varied greatly with individual Regional Boards and individual hospitals, the aim of the Departments being to restore the expenditure of the various Boards to the same level as in the year ended 31st March, 1949. It is left to the Boards to apply the cuts where they can in the hospitals under their control, but they are directed that the interests of patients should have priority and that reductions should be effected, to the utmost extent practicable, in those items of expenditure which do not relate directly to the treatment or comfort of patients.”

“Where a comprehensive cut of this kind has to be made, the burden inevitably falls with uneven degrees of hardship. So far as capital expenditure is concerned, it was generally agreed by the witnesses examined that the reduced expenditure would probably be enough for the most urgent work to be carried out, but varying accounts were given of how the other reductions in expenditure would affect hospitals. One witness from a Scottish

Regional Board stated that he did not think the cuts would embarrass the Board seriously in carrying on existing services. Another witness, however, claimed that the expenditure allowed in his district had been reduced so drastically that it would not now be possible to use wards for which staff were available. It seems clear that the Ministry of Health will be approached by some of the Boards with a statement that the cuts in expenditure cannot be made without seriously endangering the standards of service provided. For, apart from expenditure which has been reduced as a matter of policy, the original estimates submitted by the hospitals for 1949-50 did not allow any money to cover unforeseen expenditure; this was in accordance with the express instructions of the Departments. Moreover, it must be remembered that there are fairly narrow limits to the expenditure which can be reduced by the actions of Hospital Boards. Salaries and wages form over 50 per cent. of the total cost of running a hospital and are settled according to scales agreed centrally. The expenditure which least directly affects the welfare of patients and in which a cut would most naturally be sought, namely, administration, forms only 2 per cent of the total cost."

In this area the Management Committee was asked to cut its estimated expenditure by some £10,000.

Despite pruning in every possible way, the Committee felt that it could not maintain its existing services if such a cut were imposed, and recommended the Board accordingly.

It is understood that similar recommendations were made by other Management Committees in the Welsh Region.

A reply is awaited.

CAPITAL EXPENDITURE WORKS.

Works of construction, reconstruction or alteration, together with their associated purchases of furniture and equipment, are the responsibility of the Regional Hospital Boards, but Management Committees have been told by the Minister that they inevitably have a part to play in the development and improvement of their hospitals as well as with their management and control.

In the Welsh Region the present tendency is for the Hospital Board to look to Management Committees for the initiation of proposals for developing and improving hospital and clinic buildings, plant and equipment in their areas.

(a) Works Completed or in Progress.

Accordingly in August, 1948, the Board asked Management Committees to submit lists of capital works in progress on the appointed day together with lists of new proposals which might be commenced in the first nine months ended March 31st, 1949. This information was sent to the Board in September.

In February, 1949, Management Committees were informed by the Hospital Board Treasurer, that as Ministry approval to the Board's capital expenditure had not been received, and as it was known that there was likely to be a considerable cut in the Board's capital estimate for 1949/50, it had not been possible to communicate information to Management Committees as to what could be proceeded with during the period to March 31st, 1949.

However, steady progress had been made in the meantime with the works already in hand on the appointed day and (with specific approval of the Hospital Board) certain other projects were put in hand, with the result that at the time of writing the following works have been completed or are proceeding:—

Description of Scheme.	Probable Expenditure to March 31st, 1949.	Amount required in 1949/50.
	£	£
Caerphilly District Miners' Hospital		
(Architects: Sir Percy Thomas and Son, Cardiff and Swansea).		
Conversion of Rehabilitation Centre into Maternity Unit including erection of a Creche (work commenced before the appointed day):		
Building Contract	2850	1130
Boiler, boiler house and pipe run		2400
Sterilising and refrigeration equipment, electric light fittings	324	426
Furniture and fittings, surgical instruments		2000
Carriageway to Unit		150
Architects' Fees		300

Central Offices:

Partitioning of Board Room (completed)	86	Nil
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Description of Scheme.	Probable Expenditure to March 31st, 1949.	Amount required in 1949/50
	£	£

Gelligaer Isolation Hospital

(Engineer and Surveyor to the Gelligaer U.D.C.):

Provision of verandah windows in one tuberculosis ward, with additional toilet facilities (by Direct Labour Dept. of Council)	175	335
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Energlyn Isolation Hospital, Caerphilly (Engineer and Surveyor to the Caerphilly U.D.C.):

New heating boiler, mains, etc. (Completed)	762	Nil
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County Infirmary, Tredegar.

(a) Schemes practically completed by the Monmouthshire County Council. (Architect: Mr. Colin Jones, F.R.I.B.A.):

Hot and cold water supply in laundry block	....	524	....	36
New sluice rooms and equipment	....	2000	....	600
High tension transformer scheme	....	1398		

(b) Schemes commenced after appointed day:

Improvements in Ward Kitchen on ground floor of school block (under supervision of Board's Architect)	....	475
Modernisation of part of Central Kitchen equipment (under supervision of Board's Engineer)	....	600

(b) Other Proposed Works.

On March 8th, 1949, Management Committees were asked by the Hospital Board to submit capital expenditure proposals for 1949/50.

This was sent to the Board on April 11th, but no official reply has yet been received.

However, the Board, anticipating the time lag between the initiation of a proposal and the signing of a building contract, has encouraged Committees to appoint private firms of Architects (in consultation with the Board's Architects) to prepare preliminary schemes and estimates of cost at agreed fees which will merge into the scale fees if and when the proposals are approved and proceed.

The programme of capital works which the Management Committee for this area sent to the Board is given below:—

Description of Scheme.	Rough estimated expenditure	
	1949/50	1950/51
	£	£
County Infirmary, Tredegar.		
Water service mains, fire-fighting mains and trenching	3800	....
Heating mains in old School Administration, and Infirmary Blocks	8000	....
Modernisation of Central Kitchen	—	....
New Boiler Plant and Boiler House .... .... ....	—	....
Converting old Bakehouse into Dispensary; converting present Dispensary into Anaesthetic Room		
Alteration to sanitary annexes on ground floor, and building up similar annexes to first floor of old School Block; provision of Central Ward Kitchen on first floor.	1000	....
Adaptation of old Casual Block into an Isolation Block.		
Provision of artificial feed preparation room.		
Provision of Cloak rooms for non-resident staff.		
Caerphilly District Miners' Hospital.		
Alterations to Balcony Wards which will bring a further 20 beds into commission.		
beds into commission	3500	....
Alterations to X-ray Dept. to house larger and more modern Plant.		

Description of Scheme.	Rough estimated expenditure		
	1949/50	1950/51	£
New Medical Unit in grounds of Hospital.			
Energlyn Isolation Hospital, Caerphilly.			
Adaption of existing accommodation to provide an additional ward for six female pulmonary patients, a day-room for patients and an X-ray Department.			
Gelligaer Isolation Hospital, Gelligaer.			
Conversion of ward into cubicle block for tuberculosis patients	250	....	1250
Provision of verandah windows in remaining tuberculosis ward, with additional toilet facilities	—	....	510
Powell Duffryn Workmen's Hospital.			
Garage for electric cars for spinal cases	250	....	—
Erection of Greenhouse	200	....	—
Tredegar Park Cottage Hospital.			
New Sluice Rooms, ward annexes, equipment, etc.	2000	....	500
Abertysswg Workmen's Hospital.			
New hot and cold water supply, including new furnishings in Nurses' Quarters; improvements in existing water supply in Hospital	—	....	750
Tredegar Hospital Clinic (Old Maternity Home).			
Complete renovations (exterior and interior	1200	....	—
Redwood Memorial Hospital, Rhymney.			
Provision of stores accommodation	—	....	1000
Re-flooring of ward and corridor			

(c) Generally.

It is the function of the Hospital Board to examine Management Committee proposals for capital works development and relate them to the needs and planning of the hospital and specialist services in Wales as a whole.

In sending the proposals forward to the Board, the Management Committee in this area has pointed out however that the beds available per thousand in South Wales Management Committee areas are as follows:—

Group No.	H.M.C.	Population (in thousands)	No. of beds (excluding tuberculosis beds)	Beds per 1000 of population
1	Newport and East Mon.	198	1230	6.2
3	Rhymney and Sihowy Valleys	165	540	3.3
5	Cardiff <i>plus</i> teaching hospitals beds	304	1207 789 —	1996 6.5
7	Pontypridd and Rhondda	177	1243	7.0
8	Mid and West Glamorgan	238	1172	4.9
9	Swansea	291	1751	6.0

The Committee has expressed the hope that, in assessing the requirements of the Region as a whole, the Board will give special consideration to the needs of this Management Committee's area which at the moment compares so unfavourably with others insofar as beds available and standards of patient and staff accommodation are concerned.

MAINTENANCE OF BUILDINGS AND ENGINEERING PLANT.

The Management Committee is establishing its own Maintenance Department comprising (i) on the engineering side, a Hospitals' Engineer of prescribed qualifications who will be directly responsible for the engineering services of the County Infirmary, Tredegar, and also for the supervision of those services at the other hospitals in the group, and (ii) on the building side, a Building Foreman supervising, and working side by side when occasion demands it, with building operatives employed by the Committee.

In this way it is hoped that much of the engineering and building maintenance work will be carried out by direct labour.

Very little maintenance work has been carried out at the hospitals in this group since 1939 due to the diversion of materials and labour to war-time needs during 1939—1945, afterwards due to the continuance of controls, and further due to the imminence of the State Hospital Service which tended to lead to a retrenchment policy in the case of some hospital authorities.

As a result of these circumstances there is much work to be done therefore by the Maintenance Department.

INADEQUACY OF EXISTING HOSPITAL ACCOMMODATION.

The present number of beds in the Group is 590.

In the "Hospital Survey", of 1945, by Professor J. A. Nixon, Professor R. M. F. Picken, and Dr. A. Trevor Jones on the Hospital Services of South Wales and Monmouthshire, the Surveying Officers adopted certain bed rates per 1,000 of population. On the basis of these bed rates the beds required in this Group would be as follows:—

	Bed rate per 1,000 pop.		Total number of beds for Group (pop. approx. 165,000)
Acute general	.... 5.0	....	825
Chronic	.... 1.5	....	247
Maternity	.... 0.5	....	83
Infectious dis.	.... 0.8	....	132
Tuberculosis	.... 1.5	....	247
		—	
		1534	—

The Surveying Officers also said in their Report—

“A new area hospital, which might include about 42 beds for local cases, should be established along the Pontllanfraith-Newbridge line. The total beds required at this new hospital would be 760 to include an infectious diseases block of 191 beds with a small number of special maternity beds.”

It is well known that discussions are proceeding as to possible housing developments of certain pockets in the Committee's Area which will further accentuate the need for increased bed provision.

Carefully reviewing all the facts relating to existing accommodation in this Group, the Hospital Management Committee therefore came to the unanimous conclusion that the Hospital Board should be urged to provide more beds in the Group by erecting a new hospital on an accessible and central site.

At the same time the Committee also commended to the Board “The Bryn,” Pontllanfraith, Mon., as a possible site in view of

- (i) its central position in the Group;
- (ii) its situation in relation to local development;
- (iii) its easy accessibility by rail and road;
- (iv) its ideal nature from the point of view of surroundings.

The Board has approved the proposal in principle and has authorised the Management Committee to proceed with the preparation of plans for consideration if, and when, building restrictions are relaxed.

The Mineral Valuer, Cardiff, having advised that in view of subsidence only single storey buildings should be erected, the Regional Board Architect is examining the possibility of building a double storey structure using lightweight material.

In the meantime complete information has been sent to the Monmouthshire County Planning Committee for “clearance” through the Ministry of Town and Country Planning, the National Coal Board, and the other Departments concerned.

APPRECIATION.

In the first year now under review, the Rhymney and Sirhowy Valley H.M.C. conveys its warm appreciation and grateful thanks to the co-opted members of the House Sub-Committees who have conscientiously and continuously visited their

hospitals and have made many suggestions for improving the service; to the members of the Medical and Nursing Staff Advisory Committees for their helpful suggestions at all times; to those voluntary workers such as ministers of religion, librarians, Red Cross helpers, and many others who have been kind enough to continue to give their voluntary services; and to all grades of staffs in the hospitals and at the Central Offices for their loyalty and devotion to duty.

RETIREMENT.

Miss A. M. Valder, the Matron of Bedwellty Isolation Hospital for over 25 years, recently retired from the service. She takes with her the best wishes of the Committee for many happy years of well-earned rest.

DEATH.

It is with regret that the death during the year is recorded of Mr. D. M. Davies, of Hengoed (a member of the Hospital Management Committee and a founder-member of the Caerphilly District Miners' Hospital).

APPENDIX A.

MEMBERSHIP OF HOSPITAL MANAGEMENT COMMITTEE.

Chairman:

Mr. THOMAS EVANS Pengam
(term of appointment expires on March 31st, 1951)

Vice-Chairman:

Mr. LEWIS LEWIS Cefn Fforest
(term of appointment expires on March 31st, 1951)

Members:

Mr. W. J. GREENE	....	Abertysswg
Mr. GOMER JONES	....	Rhymney
Mr. HARRY LEWIS	....	Pontlottyn
Dr. R. A. PHILLIPS	....	Hengoed
Dr. E. SAVAGE	....	Caerphilly

(term of appointment expires on March 31st, 1950)

Mr. W. H. CREWS	....	Caerphilly
Mr. W. J. KEDWARD	....	Bargoed
Mr. A. J. LUSH	....	Tredegar
Dr. S. R. MACMILLAN	....	New Tredegar

(term of appointment expires on March 31st, 1951)

Dr. E. T. H. DAVIES	....	Tredegar
Mr. JOHN EVANS	....	Oakdale
Mr. T. J. JONES	....	Machen
Mr. EVAN PHILLIPS	....	Caerphilly
Mr. J. SALWAY	....	Cefn Fforest
Mr. H. J. WILLIAMS	....	Brithdir

(term of appointment expires on March 31st, 1952)

APPENDIX B.

HOSPITALS AND CLINICS IN GROUP.

Beds available.

General Medicine and Surgery.

Caerphilly District Miners' including the Van Annexe	....	....	....	156 (a)
Powell Duffryn Workmen's (Aberbargoed)				36
Oakdale Workmen's	....	....		16
Abertysswg Workmen's	....	....		12
Redwood Memorial (Rhymney)			....	17
Tredegar Park Cottage (including Tredegar Clinic)	56

Chronic Sick; Maternity.

County Infirmary (Tredegar)	159
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Fevers and Tuberculosis.

Energlyn (Caerphilly)	56
Gelligaer	40

Fevers.

Bedwellty	26
Tredegar	....	....	....	20

Chest Clinics.

Heathfield, St. Martin's Road, Caerphilly	—
Enniscclare, Llanarth Road, Pontllanfraith, Mon.	—
Redwood Memorial Hospital, Rhymney	—
Central Surgery, Tredegar	—

(a) 20 balcony beds temporarily out of commission.

